

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-613	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/09/2019
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NAME OF PROVIDER OR SUPPLIER HOUSE OF CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1118 KIMBALL DRIVE DURHAM, NC 27712
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 9/9/2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G.5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p>	V 119		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 119	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility staff failed to dispose of prescription medications in a manner that guards against diversion or accidental ingestion affecting one of three clients (#1). The findings are:</p> <p>Review on 9/9/19 of client # 1's record revealed: -Admission date of 6/20/15. -Diagnoses of Mild Intellectual Developmental Disability and Schizoaffective Disorder. -Physician's order dated 5/3/18 for Ativan 1 mg, one tablet as needed. -The August 2019 MAR indicated an Ativan 1 mg tablet was given to client #1 on 8/7/19.</p> <p>Observation on 9/9/19 at approximately 10:15 AM of the medication area revealed: -The packet of Ativan 1 mg tablets for client #1 had expired on 5/3/19.</p> <p>Interview on 9/9/19 with the Qualified Professional revealed: -Client #1 rarely took the Ativan medication. -She thought the Ativan for client #1 was recently discontinued by the physician. -Staff possibly did not realize the Ativan 1 mg tablets had expired for client #1. -She confirmed the facility staff failed to ensure medications were disposed of in a manner that guards against diversion or accidental ingestion.</p>	V 119		

Plan of Correction

Reference to the out of compliance issues: Deficiency Description: V11927G.0209 (D) Medication Requirements

Comment: This Rule is not met as evidenced by: This Rule is not met as evidenced by: Based on observation record review and interview the facility staff failed to dispose of prescription medications in a manner that guards against diversion or accidental ingestion affecting one of three clients(#1).

The findings are: On 9/9/19 of client #1's record revealed: Admission on date of 06/20/15; diagnoses of Mild Intellectual Developmental Disability and Schizoaffective Disorder; Physician's order dated 5/3/18 for Ativan 1mg, one tablet as needed. The August 2019 MAR indicated an Ativan 1 mg tablet was given to client #1 on 8/7/2019.

Observation on 9/9/19 at approximately 10:15 am of the medication area revealed: The packet of Ativan 1mg tablets for consumer #1 had expired on 5/3/2019. Interview on 9/9/19 with the Qualified Professional revealed: Client #1 rarely took the Ativan medication. She thought the Ativan for client #1 was recently discontinued by the physician; Staff possibly did not realize the Ativan 1 mg tablets had expired for client #1; She confirmed the facility staff failed to ensure medications were disposed of in a manner that guards against diversion or accidental ingestion.

Systematic Change to Prevent the Out-of-Compliance Issues:

The Director and all trained staff of House of Care will adhere to the Medication Rule number V119 27G.0209 (D) Medication Requirements and disposal of all unused medications immediately after it has been discontinued by the prescribing physician or if the consumer is discharged from the facility. All staff will ensure that the disposal of all medications will be documented accordingly; disposed via flushing all non-controlled substances or by taking the unused medications to the pharmacy with the appropriate documentation. All disposed medications will be documented with the following information on the record: the name of the consumer, medication name, strength, quantity, disposal method, date and the signature of the person disposing the medication, and at all times there should be a witness available when medication is being disposed of. All controlled substances will be disposed of according to the North Carolina Controlled Substance Abuse Act, G.S. 90, Article 5. (All controlled medications will be taken to the pharmacist for disposal).

Timetable for Implementation of the Corrective Actions:

The disposal of all unused medication was completed on September 13, 2019; the process is ongoing and will be monitored by the QP and director on a quarterly basis.

House of Care, Inc.

1118 Kimball Drive
Durham, NC 27712

North Carolina Department of Health and Human Services
Re: Annual Survey

Greetings: Facility Survey Consultant I

Thank you for allowing House of Care, Inc. the opportunity to submit a plan of correction for the areas cited within our facility, on September 09, 2019.

Thank you,

Ogo Emodi - Onwuka
Director



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

September 11, 2019

Ogo Emodi-Onwuka, Director
House of Care, Inc.
3500 Westgate Drive, Suite 103
Durham, NC 27707

RECEIVED

By DHRS-Mental Health Licensure at 1:55 pm, Sep 23, 2019

Re: Annual and Follow Up Survey completed September 9, 2019
House of Care, Inc., 1118 Kimball Drive, Durham, NC 27712
MHL #: 032-613
E-mail Address: houseofcare2@wmconnect.com

Dear Ms. Ogo Emodi-Onwuka:

Thank you for the cooperation and courtesy extended during the Annual and Follow up survey completed September 9, 2019.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiency must be *corrected* within 60 days from the exit of the survey, which is 11/8/19.

What to include in the Plan of Correction

- Indicate what measures will be put in place to *correct* the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to *prevent* the problem from occurring again.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

9/11/19
Ogo Emodi-Onwuka
House of Care, Inc.

- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Bryson Brown at 919-855-3822.

Sincerely,



Kimberly R Sauls
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc:

DHSR@Alliancebhc.org
Pam Pridgen, Administrative Assistant